

STATE OF MONTANA
OFFICE OF STATE PUBLIC DEFENDER

* * * * *

APPLICATION FOR COURT-APPOINTED COUNSEL

APPLICANT: _____) Cause No. _____
ADDRESS: _____)
Residence _____)
Mailing _____) Defendant is incarcerated _____
City / State / Zip _____) Defendant is not incarcerated _____
PHONE NO. _____)

I, _____, state under oath that I am financially unable to employ an attorney. I understand that if I am charged with a felony and I am eligible, a court must appoint counsel. If a misdemeanor is charged, and I am eligible, a court may appoint an attorney only under certain circumstances.

I submit the following information to determine my eligibility. False statements or false information will result in a charge of false swearing. I understand that I may be required to pay back all or a part of the attorney fees if I am convicted of the pending charge, and I am able to do so. I also understand that this information may be used to determine my ability to pay fines, fees, or costs, if I am convicted of any charges.

PERSONAL

My age is: _____ I am _____ married _____ single
I am employed by: _____ Age of spouse: _____
My gross monthly wage is: _____ Spouse employed by: _____
Month of last employment: _____ Monthly wage of spouse: _____
Number of dependents: _____
Other household members: _____
Their gross monthly income: _____

I and/or my family are currently receiving the following funds:

| | | |
|------------------|-----------------------|------------------------|
| AFDC \$ _____ | Unemployment \$ _____ | Worker's Comp \$ _____ |
| Pension \$ _____ | Food Stamps \$ _____ | Child Support \$ _____ |
| SSI \$ _____ | Retirement \$ _____ | Medicaid \$ _____ |

ASSETS (LIST TOTAL VALUES)

Cash on hand/in bank _____
Wages not received _____
Money owed to me _____
Interest in real estate _____
Savings accounts _____
Stocks/bonds/securities _____
Motor vehicles _____
Sporting Equipment _____
(guns, boats, m.cycles, etc.) _____
Personal Property _____
(furniture, appliances, etc.) _____
TOTAL All Assets _____

MONTHLY DEBTS (PAID PER MONTH)

Rent/Mortgage Payment _____
Utilities _____
Telephone _____
Groceries _____
Gas for vehicles _____
Cable or satellite _____
Doctors, Hospitals _____
Courts _____
Attorneys _____
Credit cards _____
Other monthly debts _____
TOTAL Monthly Debts _____

SIGNATURE OF APPLICANT _____

Witnessed by: _____

APPROVED _____

DENIED _____

Date

Date

FOR REGIONAL OFFICE USE ONLY:

Other Information: _____